

**EMERGENCY MEDICAL SERVICES AUTHORITY
AWARDS PROGRAM
NOMINATION FOR STATEWIDE EMS SYSTEM AWARD**

Mail completed application and supplemental information to:
California EMS Authority, Attn: EMS Awards Program
1930 9th Street, Sacramento, CA 95811

Nominee Information:

Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____ Phone: _____

EMS Agency Affiliation: _____

Rank: _____ Position: _____ Title: _____

If Nominee is an EMT: EMT Level: _____ Cert. # _____

Nominated for:

☐ EMT of the Year

☐ EMT-I ☐ EMT-II ☐ EMT-Paramedic

☐ EMS Administrator of the Year

☐ EMS Medical Director of the Year

☐ EMS Educator of the Year

Nominated by:

Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____ Phone: _____

EMS Agency Affiliation: _____

Rank: _____ Position: _____ Title: _____

If nominator is an EMT: EMT Level: _____ Cert. # _____

Relationship to nominee: _____

I hereby nominate the individual named above for the award indicated. Documentation for the basis of this nomination is attached. I certify that this information is true and correct to the best of my knowledge, and is provided based upon information personally known to me.

Signature: _____ Date: _____

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SUPPLEMENTAL INFORMATION TO SUPPORT NOMINATION**

1. Description of Basis for Nomination (Please succinctly describe the act or service that forms the basis of this nomination. Please use additional paper as necessary):

2. Attach Documentation (Please provide supporting documentation – newspaper or magazine articles, videos, etc. – that substantiate the nomination. Please label each piece of documentation with the nominee’s name as well as your name).